

**SUPERIOR COURT OF THE STATE OF WASHINGTON FOR KING COUNTY  
JUVENILE COURT**

Dependency of:

NO:

**TREATMENT AGREEMENT & ORDER OF  
PARTICIPATION IN FAMILY TREATMENT  
COURT  
(ORPAR)  
(ADM09)**

**[No Mandatory Form Developed]**

**Clerk's Action Required Paragraph I**

**I. HEARING**

The matter is next set for \_\_\_\_\_ (Date) at 1:30 PM for a Family Treatment Court Review Hearing at King County Superior Court, Maleng Regional Justice Center, 401 4<sup>th</sup> Ave N. Kent, WA 98032, Courtroom 1-L.

The \_\_\_\_\_ hearing currently set for \_\_\_\_\_ (date) at \_\_\_\_\_ am/pm in Court \_\_\_\_\_ is STRICKEN.

The \_\_\_\_\_ hearing is now set for \_\_\_\_\_ (date) at 1:30 PM in Courtroom 1-L at King County Superior Court, Maleng Regional Justice Center, 401 4<sup>th</sup> Ave N. Kent, WA 98032.

A team meeting will take place by: \_\_\_\_\_ (Date).

**II. NOTICE OF AGREEMENT, CONDITIONS AND RESPONSIBILITIES**

I, \_\_\_\_\_, hereby acknowledge that I have a substance use problem that is affecting the ways in which I parent my child or children. I hereby request entry into the Family Treatment Court. I understand that if I am accepted into the Family Treatment Court Program, I must follow the rules and conditions of the Program and that I will be subject to possible sanctions-if I do not do so. I understand that the Family Treatment Court Program is a minimum of 6 months.

I further understand that if I am successful in completing all the requirements of substance abuse treatment it will not guarantee that my child/children will be returned to my care, but that it will be a significant factor for the court to consider when making that decision.

In the event that I am unsuccessful in the Program as determined by the Court, or in the event that I terminate my participation in the Program, I may be excluded from the Program and would be subject only to the services provided through the Individual Safety and Service Plan (ISSP) in the juvenile dependency case.

I have fully discussed this program (FTC) with my attorney and have read and discussed all of the material describing FTC.

### **Conditions**

1. I must remain drug and alcohol free. I agree not to knowingly associate with any person possessing or using illegal drugs, or minor possessing or using alcohol. I agree to stay out of drug areas as defined by Court.  
\_\_\_\_\_
2. I will be randomly drug tested which may include testing for ETG, spice, kratom and synthetic urine and will be observed. I understand that I will be notified on the day when I should test and that I can be tested upon suspicion of use. If I miss a test, or if my urine specimen is diluted or tampered with, it will count as a positive test. It is my responsibility to provide urine samples that are not dilute. It is also my responsibility to know what products may cause a positive result on an ETG test.  
\_\_\_\_\_
3. I will need to provide a urine test the day I leave inpatient treatment or transitional housing to maintain my previous clean date. I will begin calling for random UAs the day after leaving either inpatient or transitional housing. I will call my FTC social worker immediately upon release from inpatient, jail or the hospital regardless of time released to request urine testing.  
\_\_\_\_\_
4. I will fully participate in substance use treatment and counseling as set forth in my treatment plan. I specifically agree to report regularly to any treatment provider identified in the Treatment Plan or recommended by my social worker  
\_\_\_\_\_
5. I must follow the treatment plan as developed by my treatment provider and Family Treatment Court team.  
\_\_\_\_\_
6. I will attend 2 sober support meetings a week, unless otherwise noted, which may include Narcotics Anonymous (NA), Alcoholics Anonymous (AA), a church group or other approved organized peer-support group. I will be provided with a court paper that I must have signed at meetings. These meetings may be in addition to what is required by my treatment center. If I turn in false meeting slips, I can be terminated from the Family Treatment Court Program.  
\_\_\_\_\_
7. I will not ingest the following without prior approval from someone on my Family Treatment Court Team unless it is a documented medical emergency and approved by your medical provider:  
\_\_\_\_\_
  - Poppy Seeds
  - Any prescribed benzodiazepine or opiate medication (such as Valium, Xanax, Ativan, Oxycodone, Hydrocodone, Percocet, Vicodin, Codiene, etc.)
  - Any over-the-counter medications containing alcohol, pseudophedrine, or other mood-altering ingredients such as Nyquil, Robatussin, Sudafed, etc.
  - Natural or herbal remedies or supplements
8. Prior to receiving medical or dental care, I will inform my medical or dental provider that I am a participant in Family Treatment Court and that I am required to remain drug free including from prescription narcotics, benzodiazepines and medical marijuana. I will be provided with a court document that must be signed by my health care provider every time a medication is prescribed for me. If I am prescribed narcotics, benzodiazepines or medical marijuana for long term or open ended use, I will chose to decline that prescription or opt out of the FTC Program.  
\_\_\_\_\_

- \_\_\_\_\_ 9. I agree to report truthfully and accurately to all treatment providers, my social worker and the Court. I will also report to the Family Treatment Court as directed by the Judge or as otherwise required in my Treatment Plan, and I will engage in discussions in open court with the Judge as to my progress in the Treatment Program.
- \_\_\_\_\_ 10. I agree and understand that if I engage in any criminal act, I may be prosecuted in another court for any new charges and this may result in my termination from the Family Treatment Court program.
- \_\_\_\_\_ 11. I understand that if I fail to follow the terms of my agreement, the Judge may impose sanctions on me, which may include but is not limited to:
- Increased drug testing, attend extra sober support meetings, write an essay, observe Adult drug court, attend Accountability Panel, and termination from the Family Treatment Court Program
- \_\_\_\_\_ 12. If I move out of King County, I may be terminated from the Family Treatment Court Program.
- \_\_\_\_\_ 13. I agree to provide the treatment staff, my attorney and my DCYF social worker my current and accurate address where I live, as well as an accurate telephone number where I may be reached directly, and that I will immediately notify my attorney and my DCYF social worker of any change in my address or any change in the telephone number where I can be reached.
- \_\_\_\_\_ 14. I agree to sign any and all releases necessary to monitor my progress in the Family Treatment Court Program.
- \_\_\_\_\_ 15. I understand and stipulate that an order of dependency will have to be entered in order to be accepted into the Program. I will have an opportunity to review proposed dependency orders with counsel.

I UNDERSTAND THAT I MUST COMPLETE ALL REQUIREMENTS WHICH HAVE BEEN EXPLAINED TO ME BEFORE I CAN GRADUATE FROM FAMILY TREATMENT COURT. I HAVE READ THE ABOVE STATEMENTS AND ENTER INTO THESE AGREEMENTS WITH THE COURT.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

PARENT'S ATTORNEY \_\_\_\_\_

PARENT \_\_\_\_\_

### III. ORDER

The Court having reviewed the above agreement with the parent, it is hereby ordered that the mother/father, \_\_\_\_\_, is admitted to the Family Treatment Court.

The above agreement is the order of this Court including the mother's/father's participation in drug/alcohol treatment, urinalysis testing, sober support meeting attendance, and participation in all court hearings.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
JUDGE/COMMISSIONER